

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1956

State File No. **39627**

**318**

**1003**

Registrar's No. **9882**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <b>39627</b>		Registrar's No. <b>9882</b>		
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>			c. LENGTH OF STAY (In this place) <b>1 Da.</b>		c. CITY OR TOWN <b>Arnold, Mo.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony's Hospital</b>				f. STREET ADDRESS (If rural, give location) <b>R. R. Arnold, Mo.</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>Benno</b>			b. (Middle) <b>Joseph</b>			c. (Last) <b>Mayer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 27, 1956</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Nov 11, 1879</b>		9. AGE (In years) (last birthday) <b>76</b>	IF UNDER 12 MONTHS Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>General Const.</b>			11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <b>Arnold, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		
13a. FATHER'S NAME <b>John Mayer</b>			13b. MOTHER'S MAIDEN NAME <b>Theresa (Unk)</b>			14. NAME OF HUSBAND OR WIFE <b>Anna (Deceased)</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Joe Mayer Arnold, Mo.</b>		ADDRESS				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebro-vascular hemorrhage</b>										
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.										
DUE TO (b) <b>Generalized arteriosclerosis</b>										
DUE TO (c)										
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Respirator in small bowel due to hernia</b>										
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>10/27/56</b> , to <b>10/27/56</b> , that I last saw the deceased alive on <b>10/27/56</b> , 19____, and that death occurred at <b>10 PM</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>Albert M. Repetto</b> (Degree or title)					23b. ADDRESS <b>405 University Club Bldg</b>			23c. DATE SIGNED <b>10/28/56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Oct 27, 56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Immaculate Conception</b>		24d. LOCATION (City, town, or county) (State) <b>Arnold, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>OCT 30 1956</b>		REGISTRAR'S SIGNATURE <b>Charles Smith MO</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Heiligtag Funeral Home Imperial, Mo.</b>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Elmer A. Haliday*.....

Licensed Embalmer No. *357*.....

P. O. Address *Imperial*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.